

EXHIBIT B

PROGRESSIVE DIRECT INSURANCE v. Hartz, Scott**CASE DETAIL**

CASE #	CURRENT JUDGE	FILING DATE	COURT
T-4-CV-2016001057	Ramczyk, Daniel E.	01/19/2016	ALBUQUERQUE Metropolitan

PARTIES TO THIS CASE

PARTY TYPE	PARTY DESCRIPTION	PARTY #	PARTY NAME
D	Defendant	1	HARTZ SCOTT
P	Plaintiff	1	PROGRESSIVE DIRECT INSURANCE
ATTORNEY: GUBBINS JASON			

CIVIL COMPLAINT DETAIL

COMPLAINT DATE	COMPLAINT SEQ #	COMPLAINT DESCRIPTION	DISP	DISP DATE
01/19/2016	1	OPN: COMPLAINT		

COA SEQ #	COA DESCRIPTION		
PARTY NAME	PARTY TYPE	PARTY #	

REGISTER OF ACTIONS ACTIVITY

EVENT DATE	EVENT DESCRIPTION	EVENT RESULT	PARTY TYPE	PARTY #	AMOUNT
01/19/2016	Complaint Filed				

JUDGE ASSIGNMENT HISTORY

ASSIGNMENT DATE	JUDGE NAME	SEQ #	ASSIGNMENT EVENT DESCRIPTION
01/19/2016	Ramczyk, Daniel E.	1	INITIAL ASSIGNMENT

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
METROPOLITAN COURT

NM
BP

PROGRESSIVE DIRECT INSURANCE COMPANY D/B/A PROGRESSIVE NORTHERN INSURANCE
COMPANY
Plaintiff,

-vs-

Case No. **T4CV 2016-01057**
Judge: .

SCOTT HARTZ
Defendant.

Judge Daniel E. Ramczyk
Division XII

CIVIL SUMMONS

TO: SCOTT HARTZ, Defendant
ADDRESS: 2660 FRITTS CROSSING, ALBUQUERQUE, NM 87106

GREETINGS:

This summons notifies you that a complaint has been filed against you. A copy of the complaint and an answer form are attached to this summons. You are required to serve and file answer to the complaint, or a responsive pleading, within TWENTY (20) DAYS AFTER THE SUMMONS HAS BEEN SERVED ON YOU. You must file an answer or responsive pleadings with the clerk of the Metropolitan Court and you must serve a copy of the answer or responsive pleading on the opposing party.

IF YOU DO NOT FILE AND SERVE AN ANSWER OR RESPONSIVE PLEADING WITHIN THE TWENTY (20) DAY PERIOD. A DEFAULT JUDGMENT MAY BE ENTERED AGAINST YOU FOR THE MONEY OR OTHER RELIEF DEMANDED IN THE COMPLAINT.

IF YOU WANT A TAPE RECORDING OF ANY PROCEEDING, YOU MUST REQUEST IT PRIOR TO THE BEGINNING OF THE PROCEEDING. IF YOU DO NOT ASK FOR A TAPE RECORDING, YOU WILL NOT HAVE A RECORD OF THE PRECEEDINGS TO TAKE TO THE DISTRICT COURT FOR ANY APPEAL.

Your answer must be filed with the court which is located at:
401 Lomas NW, Albuquerque, NM 87102

A copy of your answer or responsive pleading must be mailed to:

Name: Jason P. Gubbins / James J. Eufinger / Jonathan L. Shoener
Address: Faber and Brand, LLC, P.O. Box 10110, Columbia, MO 65205

Date
220248

11/9/16

Clerk

Robert A. Padilla

STATE OF NEW MEXICO
METROPOLITAN COURT
COUNTY OF BERNALILLO

ENDORSED
FILED IN THIS OFFICE

JAN 19 2016

METROPOLITAN COURT

PROGRESSIVE DIRECT INSURANCE COMPANY D/B/A PROGRESSIVE NORTHERN
INSURANCE COMPANY,
Plaintiff,

vs.

Case No.
Judge:

T4CV 2016 - 01057

SCOTT HARTZ
Defendant.

Judge Daniel E. Ramczyk
Division XII

COMPLAINT FOR MONEY DUE IN SUBROGATION

COMES NOW the Plaintiff and for its cause of action against the Defendant states as follows:

1. That Plaintiff is a CORPORATION organized and existing under the laws of OHIO.
2. That the cause of action herein accrued under the laws of the State of New Mexico; at least one of the Defendant resides in or may be found in BERNALILLO County, New Mexico and within the venue of this court.
3. That at all times mentioned, MARY MADRID, hereinafter referred to as 'Insured' was the owner of an automobile insured by Plaintiff.
4. That on or about 04/16/2013, Defendant did negligently, recklessly and/or carelessly operate a motor vehicle and as a result cause a motor vehicle accident resulting in damages to Insured in the amount of \$5604.08
5. That upon information and belief, Defendant was the owner and/or operator of the vehicle involved in the motor vehicle accident with Insured.
6. That the acts of negligence which were the direct and proximate cause of the injury to Insured may include but are not limited to:
 - a. Failure to exercise the highest degree of care while operating a motor vehicle.
 - b. Failure to keep a proper lookout.
 - c. Failure to maintain a safe driving distance.

- d. Failure to yield and/or obey traffic signs or signals.
7. That prior to the loss set forth above, Plaintiff had issued to Insured a policy of insurance in which Plaintiff agreed to indemnify Insured against loss or damage to the described property.
8. That by reason of the legal liability imposed on Plaintiff by the policy, Plaintiff was obligated to pay, and did pay to or for the benefit of Insured, the amount of \$5604.08, for damages arising from Defendant's negligence, as evidenced by the documents attached hereto and labeled as "Plaintiff's Exhibit A".
9. That Insured, pursuant to the subrogation provisions of his or her policy, assigned to plaintiff all rights of Insured to recover the amount of loss so paid under the policy and caused by the negligence of Defendant.
10. That Defendant has failed and refused, and continues to fail and refuse, to pay Plaintiff the amount due or any part of it.
11. That if any Defendant was or became married during the time the charges were incurred, Plaintiff alleges the debt on the account(s) to be both community and separate in nature. If the debt is a pre-marital debt, the non-debtor spouse is joined only as a necessary party pursuant to New Mexico law.
12. That said amount became due on or about April 16, 2013.
13. Pursuant to the SCRA §201(b)(4), Plaintiff declares under penalty of perjury that Defendant SCOTT HARTZ is not in the Armed Forces for the United States, verified on January 07, 2016 via the U.S. Department of Defense website.

WHEREFORE, Plaintiff prays that it be subrogated to the rights of Insured as against Defendant, to the extent of all amounts paid under its policy with Insured and for Judgment against Defendant, both separately and as a community, if applicable, and for each of them, in the amount of:

Amount claimed: \$5604.08;

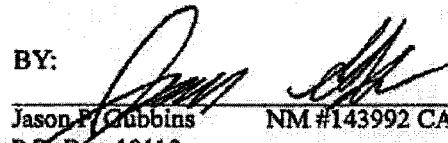
Interest: Interest at the rate of 8.75% per annum from the date of Judgment until paid;

All costs herein expended, including but not limited to court costs, sheriff's fees, and special process server fees, attorney's fees (NMSA §61-18A-26) if contested and such other relief as the Court deems just and proper.

Respectfully submitted,

FABER AND BRAND L.L.C.

BY:


Jason P. Gubbins NM #143992 CAID #12046
P.O. Box 10110
Columbia, Missouri 65205-4000
(888) 233-3141
(573) 442-1072 FAX
ATTORNEY FOR PLAINTIFF

**THIS IS A COMMUNICATION FROM A DEBT COLLECTOR
IN AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED
WILL BE USED FOR THAT PURPOSE.**

220248

PROGRESSIVE

Payment Address	Document Address
24344 Network Place	P.O. Box 512929
Chicago, IL 60673-1243	Los Angeles, Ca 90051
	Phone: (877) 818-0139
	Fax: (888) 781-6947

2/11/2014 1:59:00 PM

Certified Mail 91 7108 2133 3934 2063 1057 Return Receipt Requested

DRUG ENFORCEMENT ADMINISTRATION
OFFICE OF CHIEF COUNSEL
8701 MORISSETT DRIVE
SPRINGFIELD, VA 22182

Your Client: HARTZ, SCOTT
Your Claim Number: N/A
Our Insured: MADRID, MARY
Our Claim Number: 13-1717170
Amount Subject to Reimbursement: 5,604.08
Amount of Insured's Deductible: 500.00

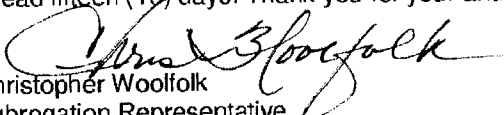
Please take this as formal notice of our subrogation rights relative to the above-captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

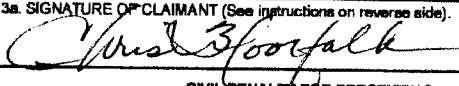
Location of Loss: I 40 - WESTBOUND / COORS EXIT in ALBUQUERQUE

Date and Time of Loss: 04-16-13 @ 5:30 PM

Description of Loss: SEE SF 95 FORM

Please make your draft payable to Progressive Northern Insurance Co as subrogee of "MADRID, MARY", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience. All supporting documentation is enclosed. I have diaried my file ahead fifteen (15) days. Thank you for your anticipated, prompt attention to this matter.


Christopher Woolfolk
Subrogation Representative
Progressive Northern Insurance Co
Tel. 877-818-0139 Ext 37806
Fax. 888-781-6947
Email: Christopher_Woolfolk@progressive.com

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: DRUG ENFORCEMENT ADMINISTRATION OFFICE OF CHIEF COUNSEL 8701 MORISSETT DRIVE SPRINGFIELD, VA 22182			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Progressive Northern Insurance Co a/s/o MADRID, MARY PO BOX 512929 Los Angeles, CA 90057-0929		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 04/16/2013 TUESDAY	7. TIME (A.M. OR P.M.) 5:30 PM	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). Our named insured's 2006 Toyota 4Runner was traveling on I40 near the Coors Exit. A Drug Enforcement Admin Ford Fusion was traveling behind our insured's vehicle on I40. As traffic abruptly slowed, the DEA Ford Fusion was unable to stop and rear ended our insured's vehicle. The driver, Scott Hartz, is the proximate cause of the accident for driver inattention.					
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). MADRID, MARY- 6439 MILNE RD NW ALBUQUERQUE, NM 87120 BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). 06 TOYOT 4RUNNER- FRNT-REAR					
10. PERSONAL INJURY/WRONGFUL DEATH STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. GALLEGOS, JENNICA KOLB, CHELSEA					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
n/a					
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE 3,398.49	12b. PERSONAL INJURY 2,205.59	12c. WRONGFUL DEATH 0.00	12d. TOTAL (Failure to specify may cause forfeiture of your rights). 5,604.08		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 		13b. PHONE NUMBER OF PERSON SIGNING FORM 440.603.7806		14. DATE OF SIGNATURE 02/11/2014	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.	
15. Do you carry accident insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input type="checkbox"/> No	
Progressive Northern Insurance Co claim # 13-1717170 PO BOX 512929 Los Angeles, CA 90057-0929	
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	17. If deductible, state amount.
YES, FULL COVERAGE WITH A DEDUCTIBLE	500.00
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts). Progressive Northern Insurance Co has made payment under their policy for repairs to their vehicle as a result of this loss. We are seeking reimbursement for those damages paid out under their policy.	
19. Do you carry public liability and property damage insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input type="checkbox"/> No	
Progressive Northern Insurance Co PO BOX 512929 Los Angeles, CA 90057-0929	
INSTRUCTIONS	
Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.	
Complete all items - Insert the word NONE where applicable.	
<p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.</p>	<p>DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p>
PRIVACY ACT NOTICE	
<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. <i>Authority:</i> The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p>	<p>B. <i>Principal Purpose:</i> The information requested is to be used in evaluating claims.</p> <p>C. <i>Routine Use:</i> See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. <i>Effect of Failure to Respond:</i> Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."</p>
PAPERWORK REDUCTION ACT NOTICE	
<p>This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	

PLAINTIFF'S EXHIBIT A

05 [Stamp: DIVISION INVESTIGATION
SA-10074
RECEIVED
FBI ALBUQUERQUE
MAY 1968] 13 10-05(00015)
[Stamp: ALBUQUERQUE]
TO4208BM

0710123901

Crash Report Number: 0710123801	STATE OF NEW MEXICO UNIFORM CRASH REPORT	Sheet 1 of 7
Case Number: 130033530	NM STATUTE 66-7-280 NMDOT COPY	

Crash Report Number: 0710123901	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 2 of 7
Case Number: 130033530		

Risk Solutions (A1) 6/15/2013 12:37:18 AM PAGE 4/009 Fax Server
431470192

CRASH NO. 03		WEST 01		U49 WEST-BD-FW 173		Left the Scene of the Crash?		Posted Speed		Safe Speed		
Driver's Last Name		Driver's First Name		Driver's Middle Name		Driver's Street Address						
MADRID		MARY										
Vehicle License Number		State	Type	Status	Restrictions	Endorsements	Expires	City				
		NM	D	V								
Date of Birth	Occupation		Seat Pos	Age	Sex	Race	Height	Weight	OP Code	OP Used	Amber Deploy	EMER
1963	UNK		LF									
Occupant's Name (Last First Middle)												
Occupant's Address (Street City State Zip)												
Veh. Year	Vehicle Make		Color		Body Style	Cargo Body Type	Veh. Use	Veh. Use2	Veh. Towed?			
2006	TOYOTA		WHITE - WHI		PC			P	YES			
Lic. Year	State	License Plate Number		VIN		DOT #		Damage Area				
2015	NM							MODERATE				
Interstate Carrier?		Towed By		Towed To		DISABLED						
						100203623						
Number of Axles		Gross Vehicle Comb Weight Rating		Hazard Placard?		Hazard Placard & Sign OR Hazard Name		Hazard Released				
						SEAND 4-1-2011						
Carrier's Name		Street Address		Carrier City		State		Carrier's Zip				
								NO				
Owner's Last Name		Owner's First Name		Owner's Middle Name		Owner's Company Name						
ENRIQUEZ		ELIZABETH										
Street Address		Owner's City		State		Owner Zip		Owner's Phone				
Insured By: (Name of Company)				Policy Number		Type		Year	Make	Lic. Year	Lic State	License Num
PROGRESSIVE												
Type		Year	Make	Lic. Year	Lic State	License Num	Type	Year	Make	Lic. Year	Lic State	License Num

Crash Report Number: 0710123901	STATE OF NEW MEXICO UNIFORM CRASH REPORT	Sheet 3 of 7
Case Number: 130033530	NM STATUTE 66-7-209 NMDOT COPY	

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Crash Report Number: 0710123901	STATE OF NEW MEXICO UNIFORM CRASH REPORT	Sheet 4 of 7
Case Number: 130033550	NM STATUTE 66-7-209 NMDOT COPY	

Risk Solutions (A1) 6/15/2013 12:37:18 AM PAGE 6/009 Fax Server

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ROAD	VEH NO. 01	Road Condition DRY	Road Surface PAVED CENTER AND EDGE LINES	Traffic Control NO CONTROLS	Road Lanes 4+ LANES	Road Design Div PHYSICAL DIVID	Road Design FULL ACCESS CT
EVENT	APARENT CONTRIBUTING FACTORS				DRIVER'S ACTIONS		SEQUENCE OF EVENTS
	AVOID NO CONTACT VEHICLE				GOING STRAIGHT, SLOWING		FIRST EVENT
							SECOND EVENT
							THIRD EVENT
							FOURTH EVENT
DRIVER	DRIVER/PEDESTRIAN/PEDAL CYCLIST SOBRIETY		DRIVER/PEDESTRIAN/PEDAL CYCLIST PHYSICAL CONDITION		PEDESTRIAN/PEDAL CYCLIST ACTION		
	HAD NOT CONSUMED ALCOHOL		NO APP. DEFECTS		At Intersection		
					Not At Intersection		
	Breath Test Results		Driver Physical Condition - Other		Pedestrian Action - Other		

ROAD	VEH NO. 02	Road Condition DRY	Road Surface PAVED CENTER AND EDGE LINES	Traffic Control NO CONTROLS	Road Lanes 4+ LANES	Road Design Div PHYSICAL DIVID	Road Design FULL ACCESS CT
EVENT	APARENT CONTRIBUTING FACTORS				DRIVER'S ACTIONS		SEQUENCE OF EVENTS
	AVOID NO CONTACT VEHICLE, NONE				GOING STRAIGHT, SLOWING		FIRST EVENT
							SECOND EVENT
							THIRD EVENT
							FOURTH EVENT
DRIVER	DRIVER/PEDESTRIAN/PEDAL CYCLIST SOBRIETY		DRIVER/PEDESTRIAN/PEDAL CYCLIST PHYSICAL CONDITION		PEDESTRIAN/PEDAL CYCLIST ACTION		
	HAD NOT CONSUMED ALCOHOL		NO APP. DEFECTS		At Intersection		
					Not At Intersection		
	Breath Test Results		Driver Physical Condition - Other		Pedestrian Action - Other		

ROAD	VEH NO. 03	Road Condition DRY	Road Surface PAVED CENTER AND EDGE LINES	Traffic Control NO CONTROLS	Road Lanes 4+ LANES	Road Design Div PHYSICAL DIVID	Road Design FULL ACCESS CT
EVENT	APARENT CONTRIBUTING FACTORS				DRIVER'S ACTIONS		SEQUENCE OF EVENTS
	FOLLOWING TOO CLOSELY				GOING STRAIGHT		FIRST EVENT
							SECOND EVENT
							THIRD EVENT
							FOURTH EVENT
DRIVER	DRIVER/PEDESTRIAN/PEDAL CYCLIST SOBRIETY		DRIVER/PEDESTRIAN/PEDAL CYCLIST PHYSICAL CONDITION		PEDESTRIAN/PEDAL CYCLIST ACTION		
	HAD NOT CONSUMED ALCOHOL		NO APP. DEFECTS		At Intersection		
					Not At Intersection		
	Breath Test Results		Driver Physical Condition - Other		Pedestrian Action - Other		

Crash Report Number: 0710123901
Case Number: 130033630

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM STATUTE 86-7-209
NMDOT COPY

Sheet 5 Of 7

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431470192

VEH NO.	ROAD LOCATION	ROAD SURFACE	TRAFFIC CONTROL	ROAD LANES	ROAD DESIGN DIV	ROAD DESIGN
043-00013	10+	PAVED CENTER AND EDGE LINES	NO CONTROLS	4+ LANES	PHYSICAL DIVD	FULL ACCESS CT
EVENT	APPROXIMATE CONTRIBUTING FACTORS			DRIVER'S ACTIONS		SEQUENCE OF EVENTS
	FOLLOWING TOO CLOSELY			GOING STRAIGHT		FIRST EVENT
						SECOND EVENT
						THIRD EVENT
						FOURTH EVENT
DRIVER	DRIVER/PEDESTRIAN/PEDALCYCLIST		DRIVER/PEDESTRIAN/PEDALCYCLIST		DRIVER/PEDESTRIAN/PEDALCYCLIST ACTION	
	HAD NOT CONSUMED ALCOHOL		NO APP. DEFECTS		At Intersection	
	Breath Test Results		Driver Physical Condition - Other		Not At Intersection	
						Pedestrian Action - Other

NARRATIVE						
<p>ON APRIL 16, 2013 I WAS DISPATCHED TO A TRAFFIC ACCIDENT ON WESTBOUND M40 JUST EAST OF THE COORS EXIT. DRIVER ONE ADVISED SHE WAS TRAVELING WESTBOUND ON M40 WHEN AN UNIDENTIFIED VEHICLE CUT HER OFF IN ATTEMPT TO EXIT M40. DRIVER 1 WAS FORCED TO HIT HER BREAKS AND NEARLY CAME TO A COMPLETE STOP. DRIVER ONE ADVISED SHE LOOKED IN HER MIRROR AND SAW VEHICLE 2 STOP JUST PRIOR TO HITTING VEHICLE 1. DRIVER 2 STATED SHE OBSERVED VEHICLE 1 COME TO AN ABRUPT STOP SO SHE BEGAN TO BREAK. SHE WAS ABLE TO STOP HER VEHICLE WITHOUT HITTING VEHICLE 1. SHE STATED ALMOST AS SOON AS SHE GOT HER VEHICLE STOPPED SHE WAS TRUCK BY VEHICLE 3, WHICH CAUSED HER TO HIT THE BACK OF VEHICLE 1. DRIVER 3 STATED SHE WAS TRAVELING WESTBOUND ON M40 WHEN SHE OBSERVED VEHICLE 2 COMING TO AN ABRUPT STOP. SHE STATED SHE BEGAN BREAKING BUT WAS UNABLE TO STOP PRIOR TO HITTING VEHICLE 2. VEHICLE 4 STATED HE OBSERVED THE VEHICLES IN FRONT OF HIM COMING TO AN ABRUPT STOP. HE ATTEMPTED TO BREAK AND SWERVE TO THE LEFT BUT DUE TO TRAFFIC, THERE WAS NO ROOM FOR HIM TO CHANGE LANES AND AVOID HITTING THE REAR OF VEHICLE 3. RESCUE WAS CALLED TO THE SCENE. VEHICLE 3 WAS TOWED FROM THE SCENE, ALL OTHER INVOLVED VEHICLES WERE DRIVEN FROM THE SCENE.</p>						

Other Property Involved	Type	Description of Property and Damage				
	Owner's Last Name	Owner's First Name		Owner's Middle Name		
	Owner's Street Address	Owner's City	State	Zip Code	Owner's Phone	
WITNESS	Witness's Last Name	Witness's First Name		Witness's Middle Name		Age
	Witness's Street Address	Witness's City	State	Zip Code	Witness's Phone	
	ENFORCEMENT ACTION VIOLATIONS					
VEH NO.	Last Name	First Name	Middle Name	Violation (Common Name)	Action	
Time Notified	Time Arrived	Notified By	Supervisor at Scene		Checked By	
17:31	17:41	APD DISPATCH				
Officer's Signature	Officer's Name		Rank	ID Number	District	Report Date
<i>[Signature]</i>	SHEILL, N.		PIC	6295	635	04/16/2013

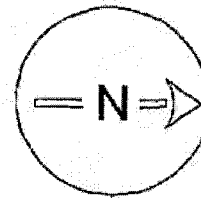
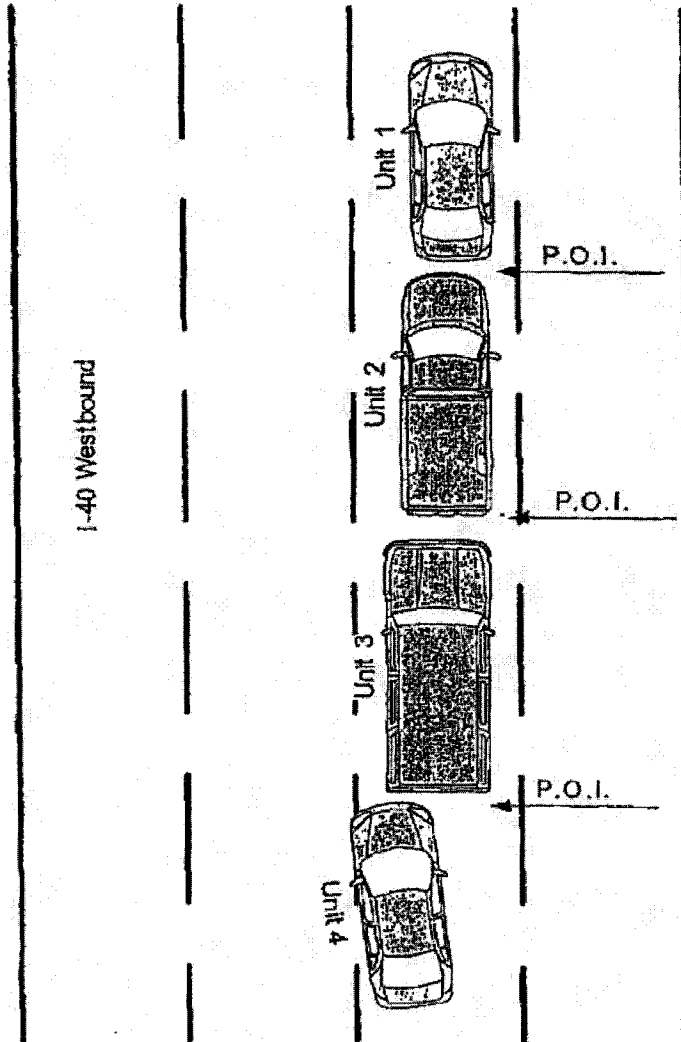
Crash Report Number: 0710123901	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM STATUTE 66-7-209 NMDOT COPY	Sheet 6 of 7
Case Number: 138033530		

.Risk Solutions (A1) 8/15/2013 12:37:18 AM PAGE 8/009 Fax Server

431470192

SHIELD-2013 10:05:000212
DIAGRAM

Coors



NOT TO SCALE

Crash Report Number: 0710123901
Case Number: 130033530

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM STATUTE 66-7-209
NMDOT COPY

Sheet 7 of 7

Claim Payment Detail

Page 1 of 1

Claim Payment Detail ([REDACTED])

Payment Information	
Disbursement Number: [REDACTED]	Total Amount: \$12,961.53
EFT Trace Number:	Invoice Number:
Pay to the Order of:	
ELIZABETH ENRIQUEZ, ON Y*****	
Mailing Address:	[REDACTED]
In Payment Of:	TOTAL LOSS ON 06 TOYOTA 4RUNNER, LESS DED, PROG RETAINED

Reviewed Summary	
Issuing Rep: [REDACTED]	Approved By: [REDACTED]
Issue Date:	Review Date:
Last Updated Rep:	Reviewed By:



Bank Information	
Type: Loss	Bank Code: [REDACTED]
Stop Reason:	Cleared:
Stop Date:	

Exposure Detail: COLL			
Party Name:	ENRIQUEZ, ELIZABETH	Amount Paid:	\$12,961.53
Property Description:	06 TOYOT 4RUNNER	Deductible Taken:	\$500.00
Payment Type:	FINAL PAYMENT	Property Damage:	\$0.00
		Rental:	\$0.00

Claim Payment Detail

Page 1 of 1

Claim Payment Detail (13-1717170)

Payment Information			
Disbursement Number:	767067368	Total Amount:	\$299.94
EFT Trace Number:		Invoice Number:	
Pay to the Order of:	ENTERPRISE RENT-A-CAR		
Mailing Address:	ENTERPRISE RENT-A-CAR 5522 2ND ST NW ALBUQUERQUE, NM 87107-4013		
In Payment Of:	ENTERPRISE RENT-A-CAR RENTAL INVOICE # 343ND374426		
Reviewed Summary			
Issuing Rep:		Approved By:	
Issue Date:		Review Date:	
Last Updated Rep:		Reviewed By:	
Bank Information			
Type:	Loss	Bank Code:	
Stop Reason:		Cleared:	
Stop Date:			
Exposure Detail: RENTAL			
Party Name:	ENRIQUEZ, ELIZABETH	Amount Paid:	\$299.94
Property Description:	06 TOYOT 4RUNNER	Deductible Taken:	\$0.00
Payment Type:	FINAL PAYMENT	Property Damage:	\$0.00
		Rental:	\$299.94

ARMS® - Automated Rental Management System

Page 1 of 1



Rental Company: ENTERPRISE RENT-A-CAR
 Invoice: D374426-343N
 Alternate Invoice Number: 4YD1L2

Bill To: PRO3432
 PROGRESSIVE
 ATTN: LOSS REPORTING UNASSIGNED
 8220 SAN PEDRO DR. NE STE 420
 ALBUQUERQUE, NM 87113

RENTAL DETAIL:

Rental Period: 4/17/13 to 4/26/13 (10 days)
 Billed Period: 4/17/13 to 4/26/13 (10 days)

RENTER INFORMATION:
 Renter: MADRID, MARY

RENTAL INFORMATION:
 Rental Branch Location:
 ENTERPRISE RENT-A-CAR (343N)
 5522 2ND ST NW
 ALBUQUERQUE, NM 871074013
 (505) 343-1778

Products and Services	Rate	Amount
10 DAYS @	26.78	\$267.80
Taxes and Surcharges		
1 RENTTAX	5.00%	\$13.39
1 SALES TAX	7.00%	\$18.75
Total Charges:		\$299.94
Less Amount Received:		\$0.00
Total Amount Due:		\$299.94

ADDITIONAL CLAIM INFORMATION:

Claim Number [REDACTED]
 Claim Type: Insured
 Vehicle Condition: Non-Driveable
 Date Of Loss:
 Insured Name:
 Owner's Vehicle: 2006 TOYOTA 4RUNN
 Additional Driver:

Repair Facility:
 CUST# REMOVED BY ARMS AUTO
 ST. LOUIS, MO 63114
 (999) 999-9999

VEHICLES RENTED:

Effective Date and Time	Year	Make	Model	VIN	Starting Mileage	Ending Mileage	Mileage	Rate Charged
4/17/13 9:52 AM	2012	MAZD	6	[REDACTED]	24847	25642	795	\$26.78

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:
 ENTERPRISE RENT-A-CAR
 P.O. BOX 840086
 KANSAS CITY, MO 64184-0086
 Federal ID: 43-0724835

Total Charges: \$299.94
Less Amount Received: \$0.00
Total Amount Due: \$299.94

Please Include on your check:
 Invoice: D374426-343N

(&h) &f - PASSPORT&b&D, &T

February 28, 2015, 08:21:01

CMSD3011 /CMSM3011 P A C M A N FEB 28 15 - 8:20
 OPID: A093290 SALVAGE INFORMATION REVISE TERMID: ?00E
 INSD: MADRID, MARY POL#: XXXXXXXXXX
 DOL : APR 16 13 NM-A PCS1-GRP- CLM: XXXXXXXXXX ACTIVE REP : J PEARSON
 PROP: 06, TOYOT, 4RUNNER VIN: XXXXXXXXXX
 PROP OWNER: ENRIQUEZ, ELIZABETH

SALVAGE STAT* C VEHICLE TYPE* 01 AUTOMOBILE
 SALVAGE METHOD* E INTERNET POOL STOCK NUMBER: 180804330
 SALVAGE VENDOR* C090 COPART - ALBUQUERQUE, NM
 INITIAL STORAGE BEGAN: APR 16 13 INITIAL STORAGE ENDED: APR 22 13
 DATE TITLE ORDERED: MAY 17 13 TITLE RECD/TYPE* A REBUILDABLE OR GENERAL TI
 PRE TAX ACV: 13,069.45 TAX, TAG, TITLE: TOTAL VALUE AMOUNT: 13,069.45
 DATE SOLD: JUN 06 13 SALE PRICE : 7,400.00
 SALVAGE END BUYER: ZUFASH AUTO ENTERPRISE INC

TEXT:

L/COV DESC	L/COV	TOTAL FEES	NET RECOVERY
COLL	2103	435.51	6,964.49

DC913255 NOTE: PROPERTY/VEHICLE SELECTED HAS MULTIPLE FEATURES
 COMMAND: SALREV F4=RECADD F5=SALFEA F10=SALREC F13=SALFEE

COPART AUTO AUCTIONS
 7705 BROADWAY SE
 ALBUQUERQUE, NM 87105
 PHONE (505) 877-2424
 TAX ID# 680380454

Date 6/12/13

Visit us at www.copart.com
 All Amounts are in USD

FINAL INVOICE

***** 56.6% RETURN!! *****

Copart Lot# 18080433 75 NM - ALBUQUERQUE
 Loss Date 4/16/13
 Called In 4/19/13
 P/U Cleared 4/19/13
 Pickup Date 4/22/13
 Original Title 5/22/13
 Trans Title 5/23/13
 Sale Document 5/28/13
 Loss Type COLLISION
 Description 06 TOYT 4RUNNER SR WHITE
 Vehicle ID# [REDACTED]
 License#/ST [REDACTED] NM
 Mileage 156,095
 Pickup From DANLAR TOWING
 102 ALAMEDA NW
 ALBUQUERQUE, NM 87114
 (505) 898-7956

P001 PIP977A
 PROGRESSIVE CLAIMS MAIL PROCES
 PROGRESSIVE - NM - ALBUQUERQUE
 PO BOX 512928
 LOS ANGELES, CA 90051

Claim# [REDACTED]
 Policy# [REDACTED]
 Loss Code
 Reference#
 Insured MARY MADRID
 Owner MARY MADRID

ADVANCE CHARGES PAID BY COPART

TOW SERVICE	172.74
YARD/GATE	25.00
STORAGE	105.00
TAX	18.36
TOTAL ADVANCE CHARGES	321.10

COPART SERVICE CHARGES

TITLE PROCESSING.	13.00	TRANSFERS
PIP PROGRAM CHARGE.	95.00	
SALES TAX	6.41	
TOTAL COPART SERVICE CHARGES.	114.41	

TOTAL DUE COPART	435.51	
PROCEEDS FROM SALE	7400.00CR	*Bid Raised By Internet*
PREVIOUS PAYMENTS FROM COPART.	6964.49	
NET DUE COPART00	

COPART PAYMENTS DETAIL

COPART CHECK# 10602612	06/12/13	6,964.49
------------------------	----------	----------

Received Date: 06/15/2013

COPART AUTO AUCTIONS
 7705 BROADWAY SE
 ALBUQUERQUE, NM 87105
 PHONE (505) 877-2424
 TAX ID# 680380454

Date 6/12/13

Visit us at www.copart.com
 All Amounts are in USD

FINAL INVOICE

* * * * * 56.6% RETURN!! * * * * *

Copart Lot# 18080433 75 NM - ALBUQUERQUE
 Loss Date 4/16/13
 Called In 4/19/13
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 Pickup Date 4/22/13
 Original Title 5/22/13
 Trans Title 5/23/13
 Sale Document 5/28/13
 Loss Type COLLISION
 Description 06 TOYT 4RUNNER SR WHITE
 Vehicle ID# [REDACTED]
 License#/ST [REDACTED] NM
 Mileage 156,095
 Pickup From DANLAR TOWING
 102 ALAMEDA NW
 ALBUQUERQUE, NM 87114
 (505) 898-7956

P001 PIP977A
 PROGRESSIVE CLAIMS MAIL PROCES
 PROGRESSIVE - NM - ALBUQUERQUE
 PO BOX 512928
 LOS ANGELES, CA 90051

Claim# [REDACTED]
 Policy# [REDACTED]
 Loss Code
 Reference#
 Insured MARY MADRID
 Owner MARY MADRID

SALE INFORMATION

Lot# 18080433
 Sale Date 6/06/13
 Sale Amount 7400.00
 ACV 13069.45
 Repair Est 9278.73
 Return 56.6%
 Cert# 13148302R749956
 Payment From Buyer 6/11/13
 Reported To NICB 6/11/13

Sold To 927087 ZUFASH AUTO ENTERPRISE INC
 49 S MAIN ST STE 152
 LINTON, IN 47441 1818
 (781) 267-9211

Item# 35 Invoice Date 6/12/13
 Invoice Amount .00 USD
 REMIT TO: COPART
 4610 WEST AMERICA DRIVE
 FAIRFIELD, CA 94534

Received Date: 06/15/2013

Release Invoice**Danlar Towing North, LLC**

102 Alameda Blvd NW
 Albuquerque, New Mexico 87114
 Phone: (505) 898-7556
 Fax: (505) 897-7492

Customer

APD

New Mexico

Invoice #	Date	Call #
5728	22-Apr-2013	1062

Summary

Locations: I-40 West/B And Coors
Destination: Danlar Towing North LLC, 102 Alameda Blvd NW
Reason: Accident
Zone: North
Vehicle: 2006 Toyota 4Runner Base/S (White)
Owner: Elizabeth Enriquez
VIN: [REDACTED]
Plate/Tag: [REDACTED] NM **Truck:** U6
Mileage: [REDACTED] **Driver:** BGN

Terms:

Date	Incident #	Club / RO / Service	Quantity	Rate	Amount
16-Apr-2013	131050939	[REDACTED]			
		Tariff Admin. Office Record Keeping Charges	1.00	25.00	25.00
		Tariff Class A & B 2 To 25 Miles	13.00	5.00	60.00
		Tariff Class A & B Fuel Surcharge	1.00	12.74	12.74
		Tariff Class A & B Hook	1.00	100.00	100.00
		Storage	7.00	15.00	105.00
We appreciate your business			Sub Total		302.74
			Sales Tax (6.0625%)		18.36
			TOTAL		321.10
			Payments		(321.10)
Paid By: Visa			Balance Owing		0.00

06 TOYT 4RUNNER SR WHITE



075

18080433 A Advance Charges

Date Stored: 16-Apr-2013 6:50 PM
 Date Released: 22-Apr-2013 10:48 AM

Released To: Copart
 Verification: photo id/current reg/release to ins

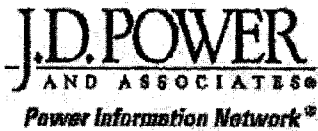
I, the undersigned, do hereby certify that I am legally authorized to take possession of the vehicle referenced above.
 I have received the vehicle in satisfactory condition.

Signature

Date

This company is not responsible for loss or damages caused by faulty tires, bumper brackets, etc. and assumes no responsibility for loss or damage by theft, fire or any other cause beyond our control, to any vehicle placed with us for storage or repair.

Received Date: 06/15/2013



Vehicle Valuation Report

Prepared for: Progressive Group of Insurance Companies
(800) 321-9843

Summary

Claim Information

Claim Number: [REDACTED]
Policy Number: [REDACTED]
Owner: **ELIZABETH ENRIQUEZ**
Address: [REDACTED]
Owner Home Phone: [REDACTED]

Version #: 1
Coverage Type of Loss: **Collision**
Loss Date: **04/16/2013**
Reported Date: **04/16/2013**
Valuation Report Date: **04/23/2013 13:50:13**
Valuation Report ID: **1003695131**

Vehicle Information

Loss Vehicle: **2006 TOYOTA 4RUNNER SPORT 4D**
SUV 4.0L 6 Cyl Gas A 4WD
VIN: [REDACTED]
Mileage: **156,085 miles**
Title History: **No**

Location: **NM 87120**
Exterior Color:
License Plate:

Valuation Summary

Base Value: **\$14,314.35**

Loss Vehicle Adjustments

Condition Adjustment: **-\$1,244.90**
Prior Damage Adjustment: **\$0.00**
After Market Parts Adjustment: **\$0.00**
Refurbishment Adjustment: **\$0.00**
Title History Adjustment: **\$0.00**

Market Value: **\$13,069.45**

Settlement Adjustments

Deductible: **-\$500.00**

Settlement Value: **\$12,569.45**

Title History Comments:

Loss Vehicle Detail

Loss vehicle: 2006 TOYOTA 4RUNNER SPORT 4D SUV 4.0L 6 Cyl Gas A 4WD

Standard Equipment**Exterior**

5580-Lb Gross Vehicle Weight Rating	Alloy Wheels, 17-in. X 7.5-in.
Automatic Headlights With Automatic Off	Front Air Dam
Front and Rear Gray Bumpers	Front and Rear Mud Guards
Front Foglights	Graphite Tube Body Side Steps
Gray Rear Step Up Bumper	Hood Scoop
Projector Beam Halogen Headlights	Skid Plates Located On Engine, Fuel Tank and Transfer Case
Tow Hitch Receiver	

Interior

Automatic Climate Control	Cruise Control
Deluxe 3-in-1 ETR(R) AM/FM Radio With 6 Speakers Total; Cassette Player; CD Player; MP3 Player	Dual Color-Keyed Power Adjustable Heated Folding Exterior Rearview Mirrors
Front and Rear Power Windows With Driver One-Touch Up, One-Touch Down and Pinch Protection	Front and Side Green Tinted Glass
Front Driver Power Seat Adjusts 8 Ways Total	Front Driver Side Power Lumbar Support
Front Dual Illuminated Vanity Mirrors	Front Dual Reclining Bucket Seats With Driver Adjustable Seat Height and Manually Adjustable Headrests
Front Dual Sunvisors With Double Visor Extensions	Front Passenger Power Seat Adjusts 4 Ways Total
In-Glass Diversity Radio Antenna	Interior Air Filter
Intermittent Rear Window Wiper/Washer	Leather Steering Wheel
Power Backlight Window	Power Window Lockout/Override
Rear 60/40 Split-Folding Bench Seat and Seatback Tumbles Forward With Fold-Down Armrest With Manually Adjustable Headrests	Rear HVAC Ducts
Rear Window Defroster	Side and Rear Dark Gray Privacy Glass
Silver Roof Rack	Steering Wheel Mounted Controls For Audio and Cruise Control
Theater Style Rear Seating	Tonneau Cover
Trip Computer With Average Speed, Average Fuel Consumption, and Miles To Empty	Upgraded Two-Tone Cloth Seats
Variable Intermittent Windshield Wipers	

Mechanical

2-Speed Transfer Case	4-Wheel Anti-Lock Brakes
Automatic Limited Slip Differential	Automatic Locking Hubs
Front Power 338-mm Ventilated Disc and Rear Power 312-mm Ventilated Disc Brakes	Hill Descent Control
Hill Start Control	Multi-Mode Selectable 4-Wheel Drive
Power Rack and Pinion Variable Assisted Steering	Telescopic Steering Column
Tilt Steering Column	Torsen(R) Center Locking Differential
TRAC Traction Control	Vehicle Stability Control System

Safety

Automatic Locking Power Door Locks	Child Safety Door Locks Located On Rear Doors
Driver Airbag With Dual Stage Deployment	Emergency Fuel Shut-Off Device
Front and Rear Outboard 3-Point Seatbelts	Front and Second Row Pretensioners With Force Limiters
Front Passenger and Rear Passenger Automatic Locking Retractors	Front Seatbelt Height Adjusters
Keyless Entry Operated Via Key Fob	LATCH
Multi-Function Remote Operates Door Lock/Unlock and Power Backlight Window	Passenger Airbag Cutoff Sensor Activated By Passenger Weight
Passenger Airbag With Dual Stage Deployment	Power Decklid Lock/Unlock
Remote Fuel Door Release	Second Row 3-Point Center Seatbelt
Selective Locking/Unlocking Via Key	Side Guard Door Beams
Vehicle Anti-Lockout Device	Vehicle Anti-Theft Via Engine Immobilizer

Packages**Double Decker Cargo System**

Cargo Mat	Cargo Net
Double Decker Storage Tray	

Optional Equipment

Color-Keyed Roof Rear Spoiler	Electrochromic Interior Mirror With Compass
Front Power Tilt and Slide Glass Moonroof	HomeLink(R) Universal Garage Door Opener

*DIO/PIO= Dealer/Port Installed Option

Loss Vehicle Base Value

Loss vehicle: 2006 TOYOTA 4RUNNER SPORT 4D SUV 4.0L 6 Cyl Gas A 4WD

Comparable Vehicle Information

Search Radius used for this valuation:

75 miles from loss vehicle zip/postal code.

Typical Mileage for this vehicle:

92,000 miles

#	Vehicle Description	Mileage	Location	Distance From Loss Vehicle	Price	Adjusted Value
1	2006 TOYOTA 4RUNNER SPORT 4D SUV 6 4NORMAL GAS A 4WD	112,281	87505	60 miles	\$15,400.00 Sold Price	\$12,981.42
2	2006 TOYOTA 4RUNNER SPORT 4D SUV 6 4NORMAL GAS A 4WD	91,751	87505	60 miles	\$17,000.00 Sold Price	\$14,088.65
3	2006 TOYOTA 4RUNNER SPORT 4D SUV 6 4NORMAL GAS A 4WD	74,965	87505	80 miles	\$19,975.00 Sold Price	\$15,219.65
4	2006 TOYOTA 4RUNNER SPORT 4D SUV 6 4NORMAL GAS A 4WD	59,928	87505	60 miles	\$20,995.00 Sold Price	\$14,967.66
Base Value:						\$14,314.35

Loss Vehicle Adjustments

Michell WorkCenter
Total Loss

Loss vehicle: 2006 TOYOTA 4RUNNER SPORT 4D SUV 4.0L 6 Cyl Gas A 4WD

Condition Adjustments

Condition Adjustment: -\$1,244.90		Overall Condition: 2.61-Good	Typical Vehicle Condition: 3.00
Category	Condition	Comments	
Interior			
GLASS	2 Fair	significant pitting	
HEADLINER	3 Good		
DOORS/INTERIOR PANELS	3 Good		
SEATS	2 Fair	significant wear	
DASH/CONSOLE	3 Good		
CARPET	2 Fair	greater than four permanant stains	
Exterior			
BODY	3 Good		
VINYL/CONVERTIBLE TOP	Typical		
PAINT	3 Good		
TRIM	2 Fair	significant oxidization	
Mechanical			
TRANSMISSION	3 Good		
ENGINE	3 Good		
Tire	1 Poor	sidewall damage	

Typical condition reflects a vehicle that is in ready-for-sale condition and reflects normal wear and tear for that vehicle type / age.

Comments:

Comparable Vehicles

Loss vehicle: 2006 TOYOTA 4RUNNER SPORT 4D SUV 4.0L 6 Cyl Gas A 4WD

Comparable Vehicles

1.	2008 TOYOTA 4RUNNER SPORT 4D SUV 6 4 NORMAL GAS A4WD	Sold Price: \$15,400.00
VIN: [REDACTED]	Adjustments	Loss Vehicle This Vehicle Amount
Stock No:	Mileage	158,095 112,281 -\$2,095.30
Listing Date: 03/15/2013	Equipment	
ZIP/Postal Code: 87505	Double Decker Cargo System	Yes No \$59.89
Distance from Loss Vehicle: 80 miles	Electrochromic Interior Mirror With Compass	Yes No \$71.63
Source: FRANCHISE SALE - J.D. POWER AND ASSOCIATES	HomeLink(R) Universal Garage Door Opener	Yes No \$59.89
	(DIO) 6-Disc CD Changer	No Yes -\$241.15
	AM/FM Radio With 6 Speakers Total; 6-Disc CD	No Yes -\$254.04
	Daytime Running Lights	No Yes -\$19.10
	Total Adjustments:	-\$2,418.58
	Adjusted Price:	\$12,981.42
Comparable Vehicle Option Details:		
Color-Keyed Roof Rear Spoiler, Front Power Tilt and Slide Glass Moonroof, (DIO) 6-Disc CD Changer, AM/FM Radio With 6 Speakers Total; 6-Disc CD, Daytime Running Lights		
2.	2008 TOYOTA 4RUNNER SPORT 4D SUV 6 4 NORMAL GAS A4WD	Sold Price: \$17,000.00
VIN: [REDACTED]	Adjustments	Loss Vehicle This Vehicle Amount
Stock No:	Mileage	158,095 91,751 -\$3,702.05
Listing Date: 02/19/2013	Equipment	
ZIP/Postal Code: 87505	Double Decker Cargo System	Yes No \$59.89
Distance from Loss Vehicle: 60 miles	Color-Keyed Roof Rear Spoiler	Yes No \$105.43
Source: FRANCHISE SALE - J.D. POWER AND ASSOCIATES	Electrochromic Interior Mirror With Compass	Yes No \$79.07
	Front Power Tilt and Slide Glass Moonroof	Yes No \$474.42
	HomeLink(R) Universal Garage Door Opener	Yes No \$59.89
	Total Adjustments:	-\$2,911.35
	Adjusted Price:	\$14,088.65

3	2006 TOYOTA 4RUNNER SPORT 4D SUV 6 4 NORMAL GAS A4WD	Sold Price: \$19,975.00
VIN: [REDACTED]	Adjustments	Loss Vehicle This Vehicle Amount
Stock No:	Mileage	158,095 74,965 \$5,684.41
Listing Date: 04/08/2013	Equipment	
ZIP/Postal Code: 87505	Double Decker Cargo System	Yes No \$77.42
Distance from Loss Vehicle: 60 miles	Color-Keyed Roof Rear Spoiler	Yes No \$123.88
Source: FRANCHISE SALE - J.D. POWER AND ASSOCIATES	Electrochromic Interior Mirror With Compass	Yes No \$92.80
	Front Power Tilt and Slide Glass Moonroof	Yes No \$557.44
	HomeLink(R) Universal Garage Door Opener	Yes No \$77.42
	Total Adjustments:	-\$4,755.35
	Adjusted Price:	\$15,219.65

4	2006 TOYOTA 4RUNNER SPORT 4D SUV 6 4 NORMAL GAS A4WD	Sold Price: \$20,995.00
VIN: [REDACTED]	Adjustments	Loss Vehicle This Vehicle Amount
Stock No:	Mileage	158,095 59,926 \$7,003.87
Listing Date: 03/25/2013	Equipment	
ZIP/Postal Code: 87505	Double Decker Cargo System	Yes No \$81.38
Distance from Loss Vehicle: 60 miles	Color-Keyed Roof Rear Spoiler	Yes No \$130.21
Source: FRANCHISE SALE - J.D. POWER AND ASSOCIATES	Electrochromic Interior Mirror With Compass	Yes No \$97.65
	Front Power Tilt and Slide Glass Moonroof	Yes No \$585.91
	HomeLink(R) Universal Garage Door Opener	Yes No \$81.38
	Total Adjustments:	-\$6,027.34
	Adjusted Price:	\$14,967.66

Sub-Model Comparison

Sub-Model Description	Configuration	Original MSRP
2006 TOYOTA 4RUNNER SPORT	4D SUV 4.0L 6 Cyl Gas 4WD	\$32,280.00

Vehicle Valuation Methodology Explanation

WorkCenter Total Loss was built through a joint partnership between J.D. Power and Associates vehicle valuation division Power Information Network (P.I.N.) and Mitchell International, a leading provider of claims processing solutions to private passenger insurers.

WorkCenter Total Loss produces accurate and easy-to-understand vehicle valuations via this five step process:

Step 1 - Locate Comparable Vehicles

Locate vehicles similar to the loss vehicle in the same market area. WorkCenter Total Loss finds these vehicles in AutoTrader.com, Cars.com, Vast.com and directly from dealerships.

Step 2 - Adjust Comparable Vehicles

Make adjustments to the prices of the comparable vehicles. The comparable vehicles are identical to the loss vehicle except where adjustments are itemized. There are several types of comparable vehicle adjustments:

- Projected Sold Adjustment - an adjustment to reflect consumer purchasing behavior (negotiating a different price than the listed price).
- Mileage Adjustment - an adjustment for differences in mileage between the comparable vehicle and the loss vehicle.
- Equipment- adjustments for differences in equipment between the comparable vehicle (e.g. equipment packages and options) and the loss vehicle.

Step 3 - Calculate Base Vehicle Value

The base vehicle value is calculated by averaging the adjusted prices of the comparable vehicles.

Step 4 - Calculate Loss Vehicle Adjustments

There are four types of loss vehicle adjustments:

- Condition Adjustment:
Adjustments to account for the condition of the loss vehicle prior to the loss.
- Prior Damage Adjustment:
Adjustments to account for any prior damage present on the loss vehicle prior to the loss.
- After Market Part Adjustment:
Adjustments to account for any after market parts present on the loss vehicle prior to the loss.
- Refurbishment Adjustment:
Adjustments to account for any refurbishment performed on the loss vehicle prior to the loss.

Step 5 - Calculate the Market Value

The Market Value is calculated by applying the loss vehicle adjustments to the base value.

Date: 4/24/2013 11:03 AM
 Estimate ID: [REDACTED]
 Estimate Version: 0
 Committed
 Profile ID: albuq:all_part_types

PROGRESSIVE NORTHERN INSURANCE COMPANY

8220 SAN PEDRO DR, NE STE 420, ALBUQUERQUE, NM 87113
 (505) 346-7100

Damage Assessed By: ANDRE MENDOZA 505-377-0070

Claim Rep: JOHN KNAPP
 (505) 346-8518

* Product Type: Auto
 * Date of Loss: 4/16/2013
 * Deductible: 500.00
 * Claim Number: [REDACTED]

Insured: MARY MADRID
 Owner: [REDACTED]
 Address: [REDACTED]
 Telephone: [REDACTED]

Cell Phone: [REDACTED]

Mitchell Service: 910027

Description: 2006 Toyota 4Runner Sport
 Body Style: 4D UT 110" WB
 VIN: [REDACTED]
 Mileage: 155,085
 OEM/ALT: A
 Color: WHITE

Drive Train: 4.0L Inj 6 Cyl 4WD
 License: [REDACTED]

Search Code: ALBUQUERQ1

Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW
 REAR WINDOW DEFOGGER, CRUISE CONTROL, TILT STEERING COLUMN, POWER PASSENGER SEAT
 TELESCOPIC STEERING COLUMN, LUGGAGE RACK, SKID PLATES, ANTI-LOCK BRAKE SYS.
 TRACTION CONTROL, FOG LIGHTS, ALUM/ALLOY WHEELS, LEATHER STEERING WHEEL
 TOW HITCH RECEIVER, FRONT AIR DAM, TINTED GLASS, AUTO AIR CONDITION
 TRIP COMPUTER, VARIABLE ASSISTED STEERING, ANTI-THEFT SYSTEM
 AUTOMATIC HEADLIGHTS, TONNEAU COVER, AM/FM STEREO CASSETTE/CD
 AM/FM STEREO CD/MP3 PLAYER, ELECTRONIC STABILITY CONTROL, FRONT BUCKET SEATS
 FRONT SEATS WITH POWER LUMBAR SUPPORT, INTERIOR AIR FILTER, KEYLESS ENTRY SYSTEM
 LIMITED SLIP DIFFERENTIAL, POWER DISC BRAKES, POWER HEATED EXTERIOR MIRRORS
 REAR WINDOW DIVERSITY ANTENNA, REAR WINDOW WIPER, STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
<u>Front Bumper</u>							
1		BDY	OVERHAUL	Frt Bumper Cover Assy			2.3
2	003801	BDY	REMOVE/REPLACE	Frt Bumper Cover	** Non-OEM CAPA	187.00	INC
3		REF	REFINISH	Frt Bumper Cover			C 2.5 #
4	003818	BDY	REMOVE/REPLACE	Frt Bumper Reinf Plate	52123-35180	58.24	INC
5	003819	BDY	REMOVE/REPLACE	R Frt Bumper Reinf Bracket	52145-35060	35.14	INC
6	003820	BDY	REMOVE/REPLACE	L Frt Bumper Reinf Bracket	52146-35060	35.14	INC
7	003823	BDY	REMOVE/REPLACE	Frt Bumper Impact Absorber	** Non-OEM	33.00	INC
8	003824	BDY	REMOVE/REPLACE	Frt Bumper Reinforcement Bar	52021-35070	172.81	0.4 #
9		BDY	REMOVE/INSTALL	Frt Bumper Cover			INC
10	003825	BDY	REMOVE/REPLACE	R Frt Bumper Mounting Arm	52025-35050	70.62	0.3 #
11	003826	BDY	REMOVE/REPLACE	L Frt Bumper Mounting Arm	52026-35050	70.62	0.3 #
<u>Grille</u>							
12	003835	BDY	REMOVE/REPLACE	Grille	53100-35A63-C0	287.60	INC #
<u>Front Lamps</u>							
13	003869	BDY	REMOVE/REPLACE	R Front Combination Lamp Assembly	** Non-OEM	202.00	INC #
14		BDY	CHECK/ADJUST	Headlamps			0.4
15	003870	BDY	REMOVE/REPLACE	L Front Combination Lamp Assembly	** Non-OEM	202.00	INC #
16	003867	BDY	REMOVE/INSTALL	R Frt Fog Lamp			INC #
17	003868	BDY	REMOVE/INSTALL	L Frt Fog Lamp			INC #
<u>Hood</u>							
18	003763	BDY	REMOVE/INSTALL	Hood Scoop			INC
19	001052	BDY	REMOVE/REPLACE	Hood Panel	** Non-OEM CAPA	392.00	2.2 #

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20	REF	REFINISH	Hood Outside					
21	REF	REFINISH	Add For Hood Underside					
22	001058	BDY	REMOVE/REPLACE	Hood Insulator	53341-35140	288.53	INC	
23	003925	BDY	REMOVE/REPLACE	Hood Latch	53510-80171	71.26	INC	
<u>Cooling</u>								
24	003933	BDY	REMOVE/REPLACE	Cooling Radiator Support	53201-36212	431.47	7.3 #	
25	REF	REFINISH	Radiator Support Complete				1.5	
26	MCH	REMOVE/REPLACE	Add To R&R Mechanical Components	-M			1.1 #	
27	002351	BDY	REMOVE/REPLACE	Upr Cooling Radiator Seal	53282-35010	152.97	INC	
28	002375	BDY	REMOVE/REPLACE	Cooling Radiator Shroud	** Non-OEM	67.18	INC	
<u>Front Fender</u>								
29	003946	BDY	REMOVE/REPLACE	R Fender Panel	** Non-OEM CAPA	203.00	2.0 #	
30	REF	REFINISH	R Fender Outside				C 1.8	
31	REF	REFINISH	R Add To Edge Fender				C 0.5	
32	003947	BDY	REMOVE/REPLACE	L Fender Panel	** Non-OEM CAPA	203.00	2.0 #	
33	REF	REFINISH	L Fender Outside				C 1.8	
34	REF	REFINISH	L Add To Edge Fender				C 0.5	
35	000668	BDY	REMOVE/REPLACE	R Fender Apron Assy	53701-3D482	341.53	4.5	
36	REF	REFINISH	R Apron Panel				1.0	
<u>Air Bag System</u>								
37	000108	MCH	REMOVE/REPLACE	Disable & Enable Air Bag System	-M		INC	
38	000108	MCH	REMOVE/REPLACE	Air Bag System Diagnosis	-M		0.5 #	
39	000098	MCH	REMOVE/REPLACE	Air Bag Module-Driver Front	-M	45130-35431-B0	728.97	0.3
40	003971	MCH	REMOVE/REPLACE	R Frt Air Bag Impact Sensor	-M	89173-49405	79.93	INC #
41	BDY	REMOVE/INSTALL	Grille Assy				INC #	
42	003972	MCH	REMOVE/REPLACE	L Frt Air Bag Impact Sensor	-M	89173-49405	79.93	INC #
43	003973	MCH	REMOVE/REPLACE	Air Bag Control Unit	-M	89170-35221	474.91	0.5 #
44	BDY	REMOVE/INSTALL	Ctr Console				0.5	
<u>Seat Belts</u>								
45	003577	BDY	REMOVE/REPLACE	L Frt Seat Belt Retractor Assy	73220-35710-B1	242.83	1.3 #	
46	004976	BDY	REMOVE/REPLACE	L Frt Seat Belt Buckle	73240-35499-B1	49.03	0.3 #	
47	BDY	REMOVE/INSTALL	L Frt Seat Assy				0.3	
<u>Rear Bumper</u>								
48	BDY	OVERHAUL	Rear Bumper Cover Assy				2.0	
49	003909	BDY	REMOVE/REPLACE	Rear Bumper Cover	** Non-OEM CAPA	242.00	INC	
50	REF	REFINISH	Rear Bumper Cover				C 2.8	
<u>ADDITIONAL OPERATIONS</u>								
51	REF	ADD'L OPR	Clear Coat				3.3	
<u>MANUAL ENTRIES</u>								
52	900500	FRM *	REPAIR	SET UP AND MEASURE	Existing		2.0*	
53	900500	FRM *	REPAIR	FRAME PULL TIME	Existing		3.0*	
54				1.5 Hrs for Both Front Frame Horns				
<u>Additional Costs & Materials</u>								
55		ADD'L COST	Paint/Materials				600.00 *	

* - Judgment Item

- Labor Note Applies

** Non-OEM CAPA - Non-Original Equipment Manufacturer Replacement Part, CAPA Certified

** Non-OEM - Non-Original Equipment Manufacturer Replacement Part

C - Included in Clear Coat Calc

NAPA AUTO PARTS
 CALL YOUR LOCAL STORE
 OR CALL 1-800-LET-NAPA

(800) 538-6272
 28 ** 8562539

67.18

KEYSTONE AUTOMOTIVE PP
 1239 BELLAMAH AVE. NW
 ALBUQUERQUE
 NM 87104
 (800) 551-5813 (505) 341-2300

2	** TO1000328PP	167.00
7	** TO1070152N	33.00
19	** TO1230192PP	392.00
29	** TO1241218PP	283.00
32	** TO1248218PP	203.00
49	** TO1108253PP	242.00

PERFORMANCE RADIATOR
 2505 CANDELARIA RD.
 ALBUQUERQUE
 NM 87107
 (877) 723-4288 (505) 881-8058

13	** 312-1193R-US2	202.00
15	** 312-1193L-US2	202.00

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Estimate Totals

I. Labor Subtotals		Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary		Amount
Body		26.1	46.00	0.00	0.00	1,200.60 T	Taxable Parts		5,402.51
Refinish		19.6	46.00	0.00	0.00	901.60 T	Sales Tax	@ 7.000%	378.18
Frame		5.0	75.00	0.00	0.00	375.00 T	Total Replacement Parts Amount		5,780.69
Mechanical		2.4	80.00	0.00	0.00	192.00 T			
Taxable Labor						2,669.20			
Labor Tax				@ 7.000 %		186.84			
Labor Summary		53.1				2,856.04			
III. Additional Costs						Amount	IV. Adjustments		Amount
Taxable Costs						600.00	Insurance Deductible		500.00-
Sales Tax				@ 7.000%		42.00	Customer Responsibility		500.00-
Total Additional Costs						642.00			
Paint Material Method: Rates									
Init Rate = 32.00									
							I. Total Labor:		2,856.04
							II. Total Replacement Parts:		5,780.69
							III. Total Additional Costs:		642.00
							Gross Total:		9,278.73
							IV. Total Adjustments:		500.00-
							Net Total:		8,778.73

Point(s) of Impact

12 Front Center (P)

Alt. Location: PROGRESSIVE INSURANCE

Inspection Site: NM COPART ALBUQUERQUE
 Address: 7705 BROADWAY SE
 ALBUQUERQUE, NM 87105
 (505) 249-1733
 Inspection Date: 4/23/2013

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THIS IS A DAMAGE ASSESSMENT ONLY - NOT AN AUTHORIZATION TO REPAIR -
BASED ON DAMAGE VISIBLE OR CERTAIN AT THE TIME IT WAS WRITTEN.

IF FRAME OR UNIBODY REPAIR IS INCLUDED ON THIS ESTIMATE, THE AMOUNT
SHOWN INCLUDES TIME OR ALLOWANCE FOR MEASURING BEFORE, DURING AND
AFTER THOSE REPAIRS.

THE OWNER OF THE VEHICLE MAY SELECT THE REPAIR FACILITY OF HIS/HER
CHOICE.

TO ENSURE PROPER AND PROMPT PAYMENT FOR ADDITIONAL DAMAGE DISCOVERED
DURING THE COURSE OF REPAIRS, CONTACT PROGRESSIVE FOR SUPPLEMENT
HANDLING PROCEDURES.

PROGRESSIVE HONORS THE PREVAILING LABOR MARKET RATE IN YOUR AREA FOR
YOUR PROPERTY. IF YOU CHOOSE A SHOP THAT CHARGES IN EXCESS OF
PREVAILING LABOR MARKET RATES, YOU WILL BE RESPONSIBLE FOR THE
DIFFERENCE.

LIFETIME GUARANTEE FOR SHEET METAL AND PLASTIC BODY PARTS

The replacement parts written on the estimate are intended to return
your vehicle to its pre-loss condition with proper installation.
After repair, if any sheet metal or plastic body part included in the
estimate fails to return your vehicle to its pre-loss condition
(assuming proper installation), in terms of form, fit, finish,
durability or functionality, Progressive will arrange and pay for the
replacement of the part, to the extent not covered by a
manufacturer's or other warranty. This service will be performed at
no cost to you (including associated repair and rental car costs). To
obtain service under this Guarantee, call Progressive at
1-800-274-4641. This Guarantee applies as long as you own or lease
the vehicle. This Guarantee is not transferable and terminates if you
sell or otherwise transfer your vehicle.

THIS GUARANTEE DOES NOT COVER NORMAL WEAR AND TEAR OR DAMAGE CAUSED
BY IMPROPER MAINTENANCE, NEGLECT, ABUSE OR SUBSEQUENT ACCIDENT. THIS
GUARANTEE IS LIMITED TO ARRANGING FOR THE SELECTION OF REPAIR PARTS
THAT WILL RETURN YOUR VEHICLE TO ITS PRE-LOSS CONDITION. ACCORDINGLY,
PROGRESSIVE WILL NOT BE LIABLE FOR ANY INDIRECT, INCIDENTAL OR
CONSEQUENTIAL DAMAGES THAT RESULT FROM THE INSTALLATION OR USE OF
THESE PARTS.

Part Type Terms and Abbreviations

NEW and OEM or part number displayed - These refer to a new, original
equipment manufacturer part.

NON-OEM and A/M and Qual REPL - These refer to an after-market part,
which is a new, non-original equipment manufacturer part.

USED/RECYCLED and LKQ - These refer to a used OEM part.

REMANUFACTURED and RECOND. and RECORE - These refer to used/recycled
OEM parts that have been refurbished.

REPAIR SHOP MANAGER'S/AUTHORIZED REPRESENTATIVE'S SIGNATURE
INDICATING AGREEMENT ON COST OF REPAIRS, TOWING/STORAGE CHARGES, AND
TO COMPLETE ALL LISTED REPAIRS:

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Estimate Version: 0
Committed
Profile ID: albuq:all_part_types

SHOP SIGNATURE: _____ EST. COMPLETION DATE: _____

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS
FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR
FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF
INSURANCE FRAUD.

ESTIMATE RECALL NUMBER: 04/24/2013 09:05:46 13E171717E01

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STATE OF NEW MEXICO
METROPOLITAN COURT
COUNTY OF BERNALILLO

PROGRESSIVE DIRECT INSURANCE COMPANY D/B/A PROGRESSIVE NORTHERN INSURANCE COMPANY,
Plaintiff,

vs.

Case No.:

T4CV2016-01057

SCOTT HARTZ
Defendant.

ANSWER TO CIVIL COMPLAINT
AS TO SCOTT HARTZ

1. The Plaintiff is not entitled to the amount claimed because:
2. *(If applicable)* Defendant asserts the following counterclaim or set-off against Plaintiff:
3. Trial by jury is (not) demanded. *(If Plaintiff has already demanded a trial by jury, as indicated in the complaint, a jury will be provided automatically and you need not fill in this item. If Plaintiff has not demanded trial by jury, you may do so here, but if you do you must pay an additional cost upon filing this answer.)*

Dated: _____

Signed

Name (print)

Address (print)

City, state and zip code (print)

Telephone number

CERTIFICATE OF SERVICE

I hereby certify that on this _____ day of _____, this _____ (insert paper served, such as 'answer' or 'notice') was

☐ mailed by United States first class mail, postage prepaid, and addressed to:

Name: _____
Address: _____
City, State: _____
Zip code: _____

☐ faxed by _____ (name of person who faxed document to the
_____ (name of recipient) at _____ (telephone number). The transmission
was reported complete. The time and date of the transmission was _____ (a.m.) (p.m.) on
_____ (date).

☐ e-mailed to _____ (name of party or attorney) at
_____ (electronic mail address of recipient) upon agreement of the
party to accept electronic service. The transmission was reported as complete. . The time and date of the transmission
was _____ (a.m.) (p.m.) on _____ (date).

☐ delivered to _____ (Specify how service by delivery was made.)

Signature of person sending paper

Date of signature

220248